

Request to Provide Non-Congregate Meals in Rural Areas

Instructions: Please complete this form separately for each site you are requesting to operate a non-congregate meal service. Answer each question thoroughly. Send the completed form along with the requested documentation to **CNSFSP@nysed.gov**. If you have any questions, please contact your SFSP representative. Please note, SED may request additional details and/or supporting documentation prior to making a determination.

Sponsor Name: _____

LEA Code: _____

Site Name: _____

Site LEA Code: _____

Site Address: _____

Site County Name: _____

1. Please explain the need for a non-congregate meal service in this area:

2. Where are the closest congregate feeding sites located?

3. How will families be notified of meal availability?

4. How will the sponsor ensure children are provided only one meal per meal service per day?

5. Will meals be provided as meal pick-up or home delivery?

Meal Pick-up

Home Delivery

Home Delivery:

Provide a map of delivery routes.

Describe the system for obtaining parent/guardian written consent to deliver meals to home addresses.

Describe the plan in place to ensure food safety in the event meals are delivered to households at a time no one is present at the home:

Meal Pick-up:

Will you be allowing Parent/Guardian Meal Pick-up? Yes No

If yes, describe the system to ensure that meals will only be distributed to parents/guardians:

6. Will meals be unitized or in bulk? Unitized Bulk

***Unitized-** Meals are individually portioned, packaged, and served as a unit.

***Bulk-** Food items are packed to provide multiple days of complete meals.

Bulk Meals:

Describe how you will communicate to parents/guardians and children what makes a meal:

Provide a menu and complete the menu tool

How many days of meals will be provided at one time (maximum 5 days)? _____

Unitized Meals:

How many days of meals will be provided at one time (maximum 10 days)? _____

7. Will this site be providing a congregate meal service? Yes No

If yes, describe the system in place to prevent meal service overlap when providing a congregate and non-congregate meal service at the same site, to reasonably ensure children are not receiving more than the daily maximum allowance of meals:

Describe the system in place to maintain separate meal count records for congregate and non-congregate meals served:

Please note, congregate meal service operations, including meal types, meal service times, days of service and CAPs, must be entered into CNMS for each site, as part of the SFSP renewal process.

8. Check which meal types will be provided using non-congregate operations:

Breakfast Lunch Supper Snack

9. Check which days non-congregate meals will be provided for:

Monday Wednesday Friday Sunday
Tuesday Thursday Saturday

10. Check which day(s) meals will be distributed as either meal pick-up or home delivery:

Monday Wednesday Friday Sunday
Tuesday Thursday Saturday

11. What time(s) will non-congregate meals be distributed? If times will be different on different days, please indicate that here:

12. Requested number of meals to be served daily for each meal type (CAP): _____

Sponsors must have documentation to justify the requested CAP. SED can adjust a sponsor’s CAP if deemed necessary, to ensure only eligible children are receiving meals and that there is no duplication in services. Please note that a request to operate a non-congregate meal service is not an approval. SED will notify sponsors via email of an approval or denial. Meals served prior to approval are not eligible for reimbursement

Signature of Contact Person: _____ Date: _____

Name of Contact Person: _____ Title of Contact Person: _____

SED USE ONLY

Department Approval: _____ Date: _____

LEA Code: _____ Sponsor is in good standing Site is in rural area